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DATE:	August 10, 2000
TO:	U.S. Patent and Trademark Office  Department of Finance, Status and Entity division  Refund Unit
FAX NO.:	(703) 308-6778
FROM:	Arles A. Taylor, Jr.
RE:	U.S. Patent Application Serial No. 09/555,349; Atty Docket No. 180/95
	NUMBER OF PAGES TO FOLLOW:1

If transmission is poor, or if you do not receive all pages, please call (919) 493-8000 as soon as possible.

**COMMENTS:** 

Please see the attached ACH payment form. Early notification of

the subject Refund is respectfully requested.

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M 002

## Customer Refunds by Electronic Funds Transfer

Under provisions of the Debt Collection Improvement Act, effective January 2, 1999 refunds will be made by EFT (Electronic Funds Transfer). The legislation requires that the U. S. Patent and Trademark Office convert from paper-based payment methods, i.e., checks from the U. S. Treasury, to EFT. EFT refunds will only be available to those customers who maintain an account with a U. S. banking institution.

It is of great importance that your current banking information be provided in order to process your refund request. Accordingly, please fill out the attached Automated Clearing House form so that you may receive your refund, if granted, by EFT. The ACH form includes banking information necessary to process your EFT refund. This information appears on the magnetic strip encoded at the bottom of your check; accordingly, you may fax a copy of your current check (marked "Void") in lieu of filling out the ACH form. The ACH form/check copy must be faxed within 3 business days of this notification. Completed forms may be faxed to the Refund Unit at 703-308-6778.

If you are an individual, you may request an automatic waiver of the EFT requirement, by certifying to the Patent & Trademark Office, that payment by EFT would impose a hardship due to a physical or mental disability, or a geographic, language or literacy barrier, or would impose financial hardship. Waivers may also be faxed to the above fax number.

Please include the serial number and the amount to be refunded.

## ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY AC	1 STATEMENT
The following information is provided to comply with the Privacy Act required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. T	his information will be used by the Treasury Department to transmit Failure to provide the requested information may delay or prevent the.
PAYEE/COMPA	NY INFORMATION
NAME: Jenkins & Wilson, P.A.	SSN NO. OR TAXPAYER ID NO. Social Security No. or Employer Id No. 56-1951965
ADDRESS: 3100 Tower Blvd., Suite 1400	
Durham, NC 27707	
	TELEPHONE NUMBER:   ( 919
FINANCIAL INSTITU	UTION INFORMATION
Name of Bank  Centura Bank  NINE-DIGIT ROUTING TRANSIT NUMBER:  053100850	
DEPOSITOR ACCOUNT NUMBER: 0700093375	LOCKBOX NUMBER:
TYPE OF ACCOUNT:	5:

U.S. Patent Application Serial No. 09/555,349

Amount to be refunded: \$970.00